

APPLICATION FOR INSTALLATION OF FIRE ALARM

MANCHESTER, NH FIRE DEPARTMENT

Fire Alarm Division

2033 S Willow St - Manchester NH 03103 - Telephone (603) 669-2256 - Fax (603) 622-2222

Property Name: _____

Property Address: _____

Owner's Name: _____ Fax # _____

Address: _____

City: _____ State: _____ Zip: _____ Tel # _____

Installer's Name: _____ Fax # _____

Address: _____

City: _____ State: _____ Zip: _____ Tel # _____

MFD Use ONLY

File # _____

Box # Assigned _____

CALL FOR ON SITE LOCATION APPROVAL OF MASTER BOX AND ANNUNCIATOR

Electrical Permit # _____	#Water Flow Switches _____	#Horn/Strobes _____
Panel Mfg: _____	#Low Pressure Switches _____	#Speaker/Strobes _____
Model # _____	#Tamper Switches _____	#Horn only _____
Number Stories (including Basement) _____	#Pull Stations _____	#Speaker only _____
Type of Occupancy _____	#Heat Detectors _____	#Strobe only _____
Total Floor Area _____ sq ft	#Smoke Detectors _____	#Mag Door Holders _____
	#Duct Detectors _____	

Objective: _____

Highlight ALL Fire Alarm components on Plans and Drawings

FIRE DEPT DIRECT CONNECTION - NEW or EXISTING BOX # _____

Please indicate type of connection: WIRE MASTER _____ RADIO MASTER _____

CENTRAL OFFICE CONNECTION (Please indicate Company) _____

The following is to be provided with this application

_____ Proper Fees
(Plans Review & 1st hour Inspection)

_____ Plot Plans
_____ Floor Plans

_____ Annunciator Drawing
_____ Battery Load Calculations
_____ One-Line Riser Diagram
_____ Knox Application

Equipment must be installed in accordance with the Manchester Fire Department Rules and Regulations governing fire alarm systems and manufacturers' installation instructions.

Application is hereby made for approval for installation or modification of a fire alarm system and/or monitoring connection.

Date: _____

Owner's Business Name

Owner's Name (print)

Owner's Signature

Date: _____

Installer's Business Name

Installer's Name (print)

Installer's Signature